



Alarm Business License Application

MCP FORM 692
REVISED: 06/03

A \$200.00 fee is required with each application. Make check or money order payable to Montgomery County. All information must be typed or printed. Please return the completed form and fee to: False Alarm Reduction Section • 255 North Washington Street • Suite 303 • Rockville, MD • 20850

A. Business/Corporation Information (if your company is a corporation, complete this section then go to Section C)

Corporate Name _____

Trade Name _____ Employer ID No. _____

Address: _____
Street No. Street Name Room/Suite No.

City _____ State _____ Zip _____

Phone(toll free) _____ Work _____ Fax _____

Corporate Officers

President _____ Secretary _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Vice President _____ Treasurer _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

If your business is incorporated in a state other than Maryland, please complete the following:

Local Resident Agent _____ Phone _____

Address _____

B. Business/Owner Information (If business is a sole proprietorship or partnership, complete this section, then go to Section C)

Owner(s) Name(s) _____

Home Address: _____
Street No. Street Name Room/Suite No.

City _____ State _____ Zip _____

Business Trade Name _____

Business Address: _____
Street No. Street Name Room/Suite No.

City _____ State _____ Zip _____

Phone(toll free) _____ Work _____ Fax _____ Home _____

C. Type of Alarm Business (Check all that apply) Sell ☐ Lease ☐ Install ☐ Monitor ☐ Service ☐ Respond ☐

D. Maryland Security Systems Agency License No: _____ You must provide a copy of your State license with this application. Failure to comply with this question will result in the denial of your Montgomery County Alarm Business License Application. (Reference Title 18, Sec. 18-301, Subtitle 3. Licensing, of the Annotated Code of Maryland)

E. Driver's License Number of President or Owner _____

F. Number of Active Alarm Customers in Montgomery County: Residential _____ Non-Residential _____

G. Business Contacts

Customer Service Manager Name _____ Phone No. _____
(Area Code)

Monitoring Center Manager Name _____ Phone No. _____
(Area Code)

H. List any associated alarm business with which you contract, including name and Montgomery County alarm business license number, that may alter, lease, maintain, monitor, repair, replace, sell at retail, service or respond to an alarm system in Montgomery County. Use a separate sheet of paper for additional information.

Name _____ Montgomery County Alarm Business License No. _____

Name _____ Montgomery County Alarm Business License No. _____

I. Have you ever been convicted of any felony or a misdemeanor involving theft within the last 7 years? Yes ☐ No ☐

If yes, please explain. Include the date and state of conviction. _____

J. Has a criminal background check been conducted on all employees involved in the sale, installation and monitoring of alarm systems? Yes ☐ No ☐

K. Has your alarm business license ever been suspended or revoked in this or any other jurisdiction? Yes ☐ No ☐

If yes, please explain. Include the date and state imposing suspension or revocation _____

Notice: False statements to any of the questions contained in this application form may constitute perjury. Perjury, fraudulent behavior, or any violation of the conditions for the issuance of this license will result in refusal of license, or if granted, in revocation or suspension of same. Each separate violation of the license provisions may result in a civil fine of \$500.00.

I hereby certify that I have received a copy of Chapter 3A, Alarms, of the Montgomery County Code, and am aware of the conditions, requirements, and penalties set forth therein.

I do solemnly declare and affirm under penalties of perjury that the contents of this application are true and correct.

Signature of President of Corporation or Owner of Business

Date

STATE OF _____ COUNTY OF _____

Sworn to before me this _____ day of _____ 20____

My Commission expires _____ Notary Public _____

DIRECTIVE RELATED TO: F.C. 690
CALEA STANDARD REF: NONE
PROPOSER UNIT: FARS

OFFICIAL USE ONLY:

☐ APPROVED

☐ DISAPPROVED

LICENSE NO. _____ DATE ISSUED _____ EXPIRATION DATE _____ INITIALS _____ DATE _____